

Case Number:	CM15-0049542		
Date Assigned:	03/23/2015	Date of Injury:	09/09/2009
Decision Date:	06/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female, who sustained an industrial injury on September 9, 2009. She reported left shoulder pain, depression, sleep disruptions and decreased sex drive. The injured worker was diagnosed as having depressive disorder, anxiety disorder, female hypoactive sexual desire and chronic sleep disorder. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the shoulder, physical therapy, dyna splint, medications and work restrictions. Currently, the injured worker complains of shoulder pain, depression, sleep disruptions and decreased sex drive. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 8, 2014, revealed continued pain and depression. Hypnotherapy and relaxation technique therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hypnotherapy/ Relaxation Training 1 x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Hypnosis.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including group therapy and hypnosis/relaxation training from [REDACTED] and/or his associates. Unfortunately, the submitted progress reports fail to offer information regarding the number of completed sessions to date nor the objective functional improvements made from those sessions. The information submitted remains vague, generic, and is fairly redundant from report to report. Without sufficient information to substantiate the request for further services, the request for an additional 6 hypnotherapy/relaxation training sessions is not medically necessary.